MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1162
Do not use this space.

1. PLACE OF DEATH FEB 12 1938

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1018

(c) City ..... (d) Street No. 4332 Linton Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph W. O Brien, 165.

(a) Residence, No. 4332 Linton Ave. St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Virginia O Brien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 13. 1875

7. AGE: YEARS 62 | MONTHS 11 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barkeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davenport, Iowa. 1

FATHER
13. NAME: Michael O Brien, 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland. 5

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Joseph Drohr, 4332 Linton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 1/28/38, 19

19. FUNERAL DIRECTOR (ADDRESS): W. A. Stock Und. Co. 2117 E. Grand Blvd.

20. FILED JAN 27 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25. 1938 19

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1938, to January 25, 1938
I last saw him alive on January 25, 1938. Death is said to have occurred on the date stated above, at 2.05 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma to Brain	12-15-37
Hyperneptuma of Kidney	1933
Cancer of Penis, primary	1932

Other contributory causes of importance:
Uremic Poisoning
Myocarditis chronic
Hypostatic Pneumonia bronchial

Name of operation Nephrectomy Date of 1932
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Alexander P. Capetti, M. D.
(Address) 2838 - Lowell Grand

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

4001 Castleman
Grand 1558
Aptn 1 P.M. Wed.

STATEMENT BY LICENSED EMBALMER

I, Frank A. Moore, Licensed Embalmer No. 3041

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)